

## **APPLICATION INSTRUCTIONS**

Complete the application form in its entirety. Attachments required for all categories include: 1) a budget; 2) a list identifying the source(s) for the local match; 3) a time schedule; and 4) photos. Additional information required by each category of grant projects is listed below. Incomplete applications cannot be accepted.

### **CATEGORY A - Restoration/Rehabilitation Projects**

1. Attach a description of the property to be restored. Note if it is listed in the National Register of Historic Places. If it is part of a National Register District, name the District and include a statement of how the specific property contributes to the District.
2. Attach exterior and interior photographs of the property. A minimum of 4 prints are required.
3. Attach a brief description of the work to be accomplished. This should include an outline of existing conditions, proposed work items, and the proposed use.
4. Attach a proposed budget which outlines costs for all major work items.
5. Enclose architectural plans and specifications, if available.
6. Include a résumé of the architect and/or the contractor who will supervise the project if already identified.

### **CATEGORY B - Archaeological Projects**

1. If the proposal is site specific, include the following information on the site location:
  - a. Site Name
  - b. Office of State Archaeology (OSA) Designation
  - c. County
  - d. U.S.G.S. Quadrant
  - e. UTM Zone
2. Include a statement on the National Register status of the site.
3. Attach a research proposal.

**KENTUCKY HERITAGE COUNCIL  
PRESERVATION GRANT APPLICATION**

1. Project Location:

Historic Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

2. Organization applying for grant:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

3. Owner of property:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

4. Project Director:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

5. Brief description of project, including work items to be accomplished with the grant. (Attach additional pages if necessary.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Grant amount requested: \$ \_\_\_\_\_  
Category A \_\_\_\_\_ Category B \_\_\_\_\_
7. Estimate of total project cost: \$ \_\_\_\_\_
8. Attach a budget which outlines the project costs and the source(s) of the local matching share.
9. Is matching share currently available? Yes \_\_\_\_\_ No \_\_\_\_\_  
If **NO**, attach an explanation. If **YES**, please provide proof of match.
10. Will you proceed if total funding is not received? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Estimated completion date: \_\_\_\_\_ (attach time schedule).
12. Will this work complete the project? If not, how do you propose to fund subsequent phases? \_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Attach letters of support from local officials, preservation groups, university officials or knowledgeable professionals.
14. The owner/title holder of property certifies that he/she is aware of this application and concurs with the project.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Title Holder's Signature

15. The applicant certifies that to the best of his/her knowledge and belief the data in this application is true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**Return original and 5 COPIES of completed application with attachments to:**

**THE KENTUCKY HERITAGE COUNCIL  
ATTN: Preservation Grants Program  
300 Washington Street  
Frankfort, Kentucky 40601**